

PSYCHOLOGY TRAINING PROGRAM

DEPARTMENT OF VETERANS AFFAIRS NEW JERSEY HEALTH CARE SYSTEM MEDICAL CENTERS AT EAST ORANGE & LYONS, NEW JERSEY

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NEW JERSEY HEALTH CARE SYSTEM
MEDICAL CENTERS at EAST ORANGE & LYONS, NJ**

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PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

INTRODUCTION

The Psychology Internship Training Program offered by The VA New Jersey Health Care System is an APA-Approved Clinical Training Program. Our primary goal is to train Professional Psychologists capable of providing a wide range of psychological services to a heterogeneous patient population. Our internship training program is well-established, with more than 45 years of experience in preparing psychologists to make the step from University student to practicing professional.

The Psychology Internship Program is an integral part of the Psychology Section of the Mental Health and Behavioral Sciences Service (MH&BS). Comprehensive mental health services are provided to a wide range of eligible veteran patients in areas such as acute psychiatry, outpatient mental health, long-term psychiatric rehabilitation, geropsychology, substance abuse, post-traumatic stress disorders, health psychology, and neuropsychology. Administrative supervision of the Psychology staff is conducted by the Associate Chief, MH&BS for Psychology Section. The Director and Associate Director of Psychology Training coordinate the day-to-day operation of the internship program. We believe that the VA New Jersey Health Care System offers a first-rate Psychology Internship Program with many experiential opportunities provided by a highly competent, diverse professional staff dedicated to the training of future psychologists. We adhere to a 'generalist' model but interns with strong clinical backgrounds may devote most of their time to working with a specific patient population.

PHILOSOPHY OF TRAINING

Internship training at the VA New Jersey Health Care System is designed to provide a broad, comprehensive, and integrated experience in working with a wide variety of patients. We accept the serious professional responsibility of playing a major role in training the future generation of psychologists, a role we share with the University. While we primarily view the University as "didactically oriented", we accept as our responsibility the challenge of translating classroom, laboratory, and textbook knowledge into the practical application of clinical and research skills necessary for the functioning of the highly competent professional psychologist.

We believe that the legitimate role of the practicing psychologist is multifaceted, encompassing research, teaching, supervision, and/or administrative skills, as well as direct clinical services. To the degree that it is reasonable and possible, we strive to provide balanced experiences in these areas, while working toward our primary goal of preparing competent clinicians. We are committed to the belief that one is first a professional

psychologist, and secondarily, identifies with a specialty area, such as behavioral medicine, substance abuse, neuropsychology, research, etc. As such, we strive to provide a balance of breadth and depth of clinical experiences.

TRAINING MODEL

We have adopted a Practitioner-Scholar model of training. We believe that the practicing clinician must necessarily have very tangible clinical skills, and that he/she must also be prepared to be a member of a scientific community. We attempt to promote in our interns a respect for, knowledge of, and interest in appropriate clinical literature and research. Thus, well-trained clinicians are, in our view, are sophisticated 'consumers' of the psychological research literature, as well as contributors to it. Training in research methodology is implemented by facilitating completion of doctoral dissertations, participation in staff members' ongoing clinical research projects and/or initiation of independent projects.

GOALS

General

In meeting our primary responsibility to train competent clinicians, our major resources are: (1) our ability to involve interns in the day-to-day operations of a large psychology staff that serves in various roles and treats many patients at two medical center campuses and outpatient clinics around New Jersey; and (2) a diverse, energetic, well-trained staff who conceptualize supervision, teaching, and training as a fundamental and integral part of their professional identities. Clinical involvement for interns include supervised experiences in: (a) psychotherapy- individual and group; (b) assessment, evaluation, psychodiagnosis, and consultation; and (c) psychological research, supervision, and involvement in professional affairs.

Our primary goal is to train highly competent clinicians; clinicians who have a sense of themselves as professional psychologists and who approach their work with a realistic sense of confidence. We endeavor throughout the year to progressively increase the level of demands placed upon interns, commensurate with their increasing levels of competence afforded by their varied clinical experiences.

Specific

In our view, a "competent clinician" is one who is capable of providing a full range of high quality clinical services to a broad-based client/patient population. She/he identifies her/himself as a professional psychologist and is knowledgeable about, and involved in the profession. We strive to have our interns develop specific clinical skills and professional identities that include the following qualities:

(1) Competence in psychological assessment (cognitive, psychosocial, personality-, objective/projective, etc.); (2) Competence in psychological intervention (counseling or psychotherapy- individual, group, and behavioral management); (3) Competence in the scientific underpinnings of clinical practice (research design and methodology; knowledge of

empirically-validated treatments; and assessment literature); (4) Competence in the ethics of our profession; (5) Demonstration of professional commitment, i.e., involvement in appropriate National, State, or local professional organizations (APA & Divisions 12, 38, 40, etc; NJPA), and awareness of current issues relevant to the profession.

In addition to these specific clinical skills and professional commitment, competent clinicians may engage in a range of related professional endeavors such as administration, management, teaching/supervision, and other relevant activities, e.g., program evaluation. To the extent that it is possible, we encourage intern involvement in these areas to supplement their provision of direct clinical services with patients.

TRAINING

Structure

The overall operation of the Psychology Internship Program is the responsibility of the Director and Associate Director of Training. The Director serves as Chairperson of the Psychology Training Committee which is charged with the following responsibilities: a) developing policy regarding the structure and operation of the Internship Program, b) ratifying intern training plans, c) reviewing the progress of interns, d) ultimately resolving issues relating to an intern's ability or suitability to complete the internship, and e) writing official evaluations of interns, representing the intern's overall progress in the program. The Director and Associate Director assist and advise interns concerning their rotation assignments, consistent with the development of an individualized training plan.

Orientation Phase

The orientation phase serves to familiarize interns with each staff psychologist and with his/her varied treatment responsibilities. The orientation phase is carefully planned so that interns can visit each service or unit served by a staff psychologist. This phase constitutes the first week of the training year.

Such orientation is of major importance, since it is during this period that the roles and the functions of the psychologist within the Health Care System are clarified. The intern becomes familiar with the treatment philosophies of the Health Care System, its organizational structure and, most of all, with the patients and the staff. Acquainting interns with the rules, regulations and the protocol of proper patient-staff relationships is important to the training program.

Rotations and Training Plans

Because the overriding objective for intern training is to prepare students for functioning as independent professionals, special care is given to the formal Training Plan. The overall training plan is negotiated carefully between each intern and the Director of Training. This plan serves as a map or guide for the training year and takes into account the student's goals as well as beginning level of competence. In each chosen rotation, an initial assessment is done of the intern's level of professional functioning and a plan is developed with specific goals and objectives for the rotation. The overall goal is to demonstrate

progressive acquisition of skills and knowledge throughout each rotation and ultimately over the course of the training year. All planning and goal setting is a collaborative process in which the intern and supervisor work together to enhance competence and professional development. The process of developing training plans is viewed as fluid rather than rigid, with opportunities for revisions as interests and exposure to various settings and populations occur.

In order to offer maximal exposure to a variety of patients and to different types of supervisory methods, training assignments permit rotation through a number of services and training areas. The basic model entails two six-month, 'major' rotations, supplemented by more limited 'minor' rotations of varying lengths and/or dimensions. The major rotations involve clinical units that offer a high level of therapeutic and assessment activities and ample supervisory support. Such rotations include several psychiatry units, PTSD, substance abuse. The time commitment for major rotations is 3 – 4 days/week, with additional time allotted for didactic training. Minor rotations generally involve ½ - 2 days/week for six months or throughout the year to allow for a sustained training experience. However, more circumscribed, time-limited training opportunities can be negotiated. Careful allocation of time between major and minor rotations permits exposure to diverse clinical disorders &/or sequential training by different supervisors without fragmenting an intern's time to an unmanageable degree.

At the time of a rotation to a new assignment, therapy relationships between interns and patients are not necessarily terminated. Interns may continue with the treatment of selected patients from the prior assignment, provided that the involved supervisors concur and scheduling issues can be satisfactorily resolved. Such arrangements are desirable, since they further continuous patient care and training in longer-term psychotherapy. Alternately, long-term treatment cases may be selected from areas other than the major rotation areas.

Due to the individualized nature of training contracts, it is unrealistic to specify exactly the experiences in which interns will participate. Nevertheless, our experience has been that the average intern's week approximates the following: psychodiagnostics - 5 hours, psychotherapy (individual & group) - 18 hours, team meetings - 3 hours, individual supervision - 4 hours, seminar/workshop attendance - 5 hours, and other professional activities - 5 hours.

Supervision

Supervision is construed as an ongoing, collaborative process, both formal and informal. Supervisors strive to be excellent professional role models, meeting the needs of our patients, colleagues, and students in a variety of ways on a daily basis. We take these professional roles seriously, and in so doing, hope to make a contribution to the public and to the profession. It is the joint responsibility of the Training/Supervisory staff and the interns to meet the objective of attaining professional competence. Supervisors accept as their responsibility: the provision of appropriate patient/client contacts; the provision of appropriate supervisory feedback to interns, on both a working/daily basis, and at more formal intern assessment times; and the promotion of a growing professional identity by

virtue of establishing a strong intern-supervisor working alliance. This working alliance serves our training goals by providing supervision in a graduated, sequential, hierarchical sense. Guided by the training plan, interns are gradually exposed to more challenging clinical demands over time. In so doing, we hope to foster the development of clinical competencies, while at the same time promoting a greater and more realistic sense of professional confidence in the intern. Interns, for their part, accept as their primary responsibility the challenge of serious involvement in the supervisory process. This necessarily entails close scrutiny of oneself, intern and supervisor alike.

Thus, during each rotation - whether it is in substance abuse, PTSD, health psychology, acute psychiatry, etc. - the basic fundamentals of clinical practice and professional psychology are always strongly emphasized. While we certainly hope to meet each intern on her/his own level, supervision in the early phases tends to be rather close. As competence and confidence build over time, supervision typically becomes more “consultative” in nature. Yet the fundamentals of clinical practice - functioning in structured interpersonal interactions, the ability to conceptualize human problems, and the ability to intervene - are the “work” of professional psychology, and hence, are stressed in all rotations and supervisory activities. Consistent with our views of internship training is the belief that these essential, core clinical competencies be learned in a broad sense as they are fundamental to the profession. In this context, for example, work with specific patient populations, diagnoses, and implementation of empirically validated treatments, etc., become richer and even more clinically meaningful for the professional growth of our interns.

Didactic Training

The didactic part of the training program is designed to meet the needs of our interns who come from many different academic backgrounds and represent varying levels of sophistication (depending upon the kinds of skills and approaches emphasized by their academic programs). Thus, it is important, at the outset of training, that they share at least a minimum amount of the knowledge necessary to function in a clinical setting. Further, the training program’s well-developed and organized seminar offerings enable the intern to receive group supervision, integrate didactic and clinical functions, and engage in peer support and supervision throughout the training year.

To this end, a series of core and specialty seminars are offered weekly. The ‘core’ seminars address basic and advanced skills in essential functions of psychologists and entail Psychological Assessment, Psychotherapy, and Ethics & Professional Issues. Staff members and consultants with expertise in particular areas conduct ‘specialty’ seminars, which range from one to four sessions.

Psychological Assessment Seminar. The assessment seminar consists of didactic instruction and clinical case presentations by interns and staff. Topics include the administration and interpretation of standard psychological measures (such as the MMPI-2, PAI, and the Rorschach), specific clinical syndromes, report writing, and cultural issues.

Psychotherapy Seminar. The psychotherapy seminar will focus upon individual treatment. Along with didactic presentations, interns present their ongoing therapy cases, which offers an opportunity to examine the therapeutic process and interventions.

Ethics & Professional Issues Seminar. This seminar begins with a review of the Ethical Code for Psychologists and then focuses on the application of ethical principles to hypothetical situations and real examples from staff members' and interns' experiences. The latter part of the seminar focuses on topics such as licensure, relationship to other professionals, third party payment, and managed care.

Specialty Seminars. Staff and consultants provide discussion of topics of special interest. Topics may include substance abuse, geropsychology, neuropsychology, biofeedback, management of pain disorders, psychopharmacology, and empirically validated treatments.

Continuing Education & Support Services

The VA New Jersey Health Care System offers an active and substantial continuing education program oriented to the needs of an interdisciplinary staff. Weekly lecture series and case conferences are available at both campuses in such areas as Psychiatry, Medicine, and Neurology.

In keeping with the strong teaching commitment of the VANJHCS, each campus has a medical library, offering a rich variety of professional texts, plus current and bound volumes of journals covering psychological, psychiatric, and medical topics. Audiovisual, videocassette and CD-ROM materials are available. Internet access is provided to all interns. Medical librarians support clinical care and research by conducting medical/psychological literature searches upon request. An interlibrary lending program offers access to virtually any journal article or book.

EVALUATION PROCESS

Each intern is trained in accordance with specific goals and objectives as specified in her/his training plan. In addition to the informal and ongoing process of evaluation during regularly scheduled supervisory sessions, each intern receives a formal evaluation from her/his training supervisor at the end of each primary rotation. Particular attention is directed to skill development in the areas of diagnostic assessment, psychotherapy, and consultative functions. Determination of clinical competence will be based upon the evaluations by clinical supervisors and seminar leaders. Additional functions such as ethical sensitivity and professional development are addressed as a consensus of seminar leaders and the Training Committee. Narrative letters are sent to the interns' University Director of Training detailing the interns' functioning at the mid-year point and at the end of the internship program. Interns, in turn, evaluate their supervisors and the internship program. Comments by University program directors are also solicited. Follow-up questionnaires are mailed after one year to assess how successfully the program helped prepare interns for their subsequent clinical endeavors.

Promotion Policy

At the completion of the training year, interns will be expected to exhibit skills in assessment and psychotherapy at a level commensurate with a beginning professional psychologist (i.e., initiating independent practice with ongoing supervision). Such a determination will be based upon evaluations by clinical supervisors and seminar leaders. Skills in other areas such as ethics and research will be considered when certifying that an intern has satisfactorily completed the requirements of the training program.

It is the responsibility of all supervisors, and ultimately the Training Committee, to identify in a timely manner any intern who exhibits deficiencies in his/her performance of clinical functions, or development of appropriate professional relationships so that corrective processes can be implemented. Interns are evaluated through formal mechanisms 2 –3 times each year (and informally throughout the year); therefore it is anticipated that an intern will have the opportunity to complete any necessary remedial intervention strategies prior to the end of the training year. In the event that an intern's performance is judged as deficient, the following steps shall be implemented. The Training Director will review the intern's graduate record and existing internship training evaluations to determine the level of skill manifested by the intern. In the event that a deficiency in skill level is operative, a remedial plan will be developed in conjunction with the intern, along with input from members of the Training Committee. Such a plan may include additional specialized supervision, didactic instruction, reading assignments or seminar participation. Participation in Continuing Education programs or additional graduate coursework too may be advised. The Training Committee also will address any serious lapses in ethical behavior by an intern or evidence of significant emotional disturbance. Any determination that an intern's performance might not warrant a certificate of satisfactory completion of the internship program will be made by the full Training Committee, with input from the intern's graduate program. The intern's University Director of Training will be asked to participate if it is determined that disciplinary action might be warranted.

Grievance Policy

It is the policy of the training program that every effort will be made to negotiate difficulties in a sensitive and informal manner before initiating more formal measures. The Director of Training is the primary resource for interns, and interns are encouraged to meet with the Director if they encounter any difficulties in the training program. This "open door" policy provides interns with the opportunity to address concerns at any point during the training year. Additional stages of problem resolution could involve the Training Committee, Coordinator of the Psychology Section and representatives from the University. A copy of relevant policies and procedures, including grievances, is distributed to all interns at the beginning of the year.

ROTATIONS

Training opportunities in the VA NJ Health Care System are described in some detail as follows. Rotations are generally six months in duration. Some rotations have components

that may be conducted on a less-than-full-time basis, thereby allowing the intern to split her/his time during the week and obtain exposure to additional training experiences.

PSYCHIATRY

The Lyons campus houses several inpatient psychiatry units, involving acute- and longer-term care, including specialized residential units for Post-Traumatic Stress Disorders and Geriatrics. The East Orange campus has comprehensive substance abuse treatment program including a residential unit. Extensive outpatient psychiatric and behavioral medicine services are offered at each campus. Services are also available through the satellite clinic in Brick Township and the Vet Center in Newark.

Admission/Acute Treatment Wards (Lyons/East Orange)

An inpatient admission ward at each campus maintains 25 beds. The typical length of stay ranges from 3 - 21 days, with most averaging about 7 – 10 days.

Interns assigned to Acute Psychiatry units have the opportunity to work with patients presenting a broad spectrum of acute psychiatric symptoms, such as adjustment reactions, affective disorders, substance-induced disorders, and exacerbations of chronic psychotic conditions. These units offer excellent triage experience. All interns participate in assessment (interviewing and testing), short-term individual and group psychotherapy, and interdisciplinary team meetings. It is strongly recommended that interns who have not had previous exposure to severe psychopathology complete a rotation in an admission unit in order to appreciate the scope and acute management of psychotic disorders, as well as refine skills in establishing a differential diagnosis. These units are most appropriate for minor or time-limited rotations.

CORE Residential Program (Lyons)

The CORE Residential Program is comprised of a 36-bed residential unit with a mission to break the cycle of long hospital stays and/or frequent admissions for serious mentally ill veterans. This 90-day treatment unit is highly structured with a strong commitment to psychoeducational programming. The primary treatment modality is group therapy, with an emphasis on psychosocial skills enhancement. This program is integrated with the Lyons CORE Day Treatment Program. The majority of the patients receive psychosocial rehabilitation services in the Day Treatment program milieu. Interns function as members of the interdisciplinary team, provide assessments, participate in screenings, and provide group and individual therapy.

CORE & Newark Day Treatment Programs (Lyons/ East Orange)

As noted above, the CORE Day Treatment Program at Lyons is integrated with a residential unit. A comparable program that serves outpatients from the East Orange campus is located in Newark, six miles from the EO Medical Center. Each is a specialized outpatient

clinic providing aftercare treatment and rehabilitation of patients with severe psychiatric disabilities (mostly schizophrenia.) Psychologists are integral team members in both programs, which also include a psychiatrist, social worker, psychiatric nurse, recreation therapist, and addiction counselors. Each program provides services to about forty veterans on any given day and is used by over 150 patients in the course of a year. Each site, especially the Day Treatment Center, offers an integrated treatment program for the treatment of the patients with concurrent substance abuse disorders (mentally ill chemical abuser, MICA programs).

The Day Treatment Center/CORE rotations offer an opportunity to become actively involved in a total systems approach to the treatment of people with severe psychiatric disabilities. The programs emphasize socialization and recreational activities, in addition to strategies to enhance compliance with aftercare treatments including medications. The intern will learn how to select programs and therapies for dealing with residual symptoms including social withdrawal, lack of motivation, and other negative symptoms of schizophrenia. This approach supplements the inpatient experience in which the focus is directed towards ameliorating the acute phase of patients' illnesses (i.e., symptoms such as hallucinations and delusions). The Day Treatment/CORE programs are appropriate for a major or minor rotation.

Domiciliary (Lyons)

The Lyons Domiciliary Care for Homeless Veterans Program is a 70-bed, time-limited (3 month), residential treatment program for veterans who are homeless or have unstable living arrangements. Many of these individuals will have recently undergone treatment for substance abuse disorders. During the course of their treatment at the Domiciliary, patients initiate employment within the Medical Center and/or seek employment in community settings; thus, their adjustment to competitive employment can be carefully monitored. Psychological services include individual and group psychotherapy, vocational assessment and rehabilitation, and drug and alcohol counseling.

A rotation in the Domiciliary offers an opportunity to assist patients who are struggling with the early phase of recovery from substance abuse disorders and/or reintegrating into the community. Many are addressing long-standing patterns of interpersonal conflict and vocational dysfunction. Opportunities exist for instruction in treatment of addictions, personality disorders, and problem-solving therapies, plus psychological testing. The Domiciliary is appropriate for a major rotation.

Brick Clinic

The J.J. Howard Clinic in Brick Township (one hour south of the VA Centers) has a psychiatric section, which is staffed by two psychiatrists, two psychologists and one social worker. Individual and group psychotherapy are offered to outpatients who manifest a wide range of psychopathology. At present, there are group programs available for gerontology, chronic psychotic disorders, P.O.W.'s, and alcoholism (follow-up to inpatient care). The

intern in this setting has the opportunity to provide short- and long-term psychotherapy to a wide variety of ambulatory patients. The staff psychologists are experienced with both psychodynamic and cognitive-behavioral perspectives. The Brick Clinic is available as a minor rotation.

GEROPSYCHOLOGY

Opportunities for working with geriatric patients exist within virtually all rotations including outpatient psychiatry clinics, substance abuse, and behavioral medicine. A unit specially designed for the care of geriatric patients is described below.

Inpatient Geropsychiatry (Lyons)

The inpatient geriatric psychiatry rotation is designed to teach the intern about the manifestation of serious psychopathology in an elderly population. Patients may present with long-standing psychotic disorders, or a recent onset of affective &/or cognitive disorders (often associated with medical disorders). The interplay of developmental history, current psychosocial stressors, health status, and medication/substance abuse effects are critical components in the evolution of patients' pathology. Interns work within an interdisciplinary team and conduct comprehensive diagnostic interviews, psychological testing, and psychotherapy, utilizing interventions geared to the aging individual.

Interns are encouraged to pursue their own special interests that may include the implementation of treatment protocols, participating in ongoing research projects or developing their own research protocols. Supervision is viewed as collaborative process with the expectation that at the completion of the rotation, the intern will have a sense of confidence and expertise when providing clinical gerontological services. The unit is appropriate for a major or minor rotation, especially in conjunction with training in neuropsychological consultation and/or health psychology.

POST TRAUMATIC STRESS DISORDERS

PTSD Residential Rehabilitation Program (PRRP) (Lyons)

A 25-bed, 45-day residential treatment program unit is available for veterans presenting with post-traumatic stress disorder (PTSD). This program serves veterans who manifest enduring anxiety disorders, impairments in social relations, and physiological disturbances associated with combat exposure in Vietnam and the Persian Gulf. Many of these patients present with concurrent substance abuse disorders. A therapeutic community approach is emphasized, entailing cognitive-behavioral, exposure, and dynamic approaches. The unit psychologists are extremely active in leading the program's groups, providing individual therapy, assessment and crisis intervention services. The Residential PTSD program is a major rotation.

An intern electing this rotation will learn much about the nature of trauma and its psychological and physical sequelae. PTSD patients represent an excellent patient population for interns to learn fundamental and advanced clinical skills. In addition, research opportunities exist in this area, and interns may wish to participate in on-going studies of PTSD.

Outpatient Post-Traumatic Stress Disorder Program (East Orange/Lyons)

In addition to the Residential Program, outpatient services are provided by the PTSD team at the Lyons. Patients may seek outpatient treatment as an aftercare component of the residential program or as the initial phase of care. The outpatient Post-Traumatic Stress Disorder (PTSD) treatment team at East Orange consists of two part-time psychologists, a psychiatrist and counselors. Functioning as an interdisciplinary assessment and treatment team, the members provide specialized treatment services to veterans diagnosed with combat-related PTSD, typically from service in Vietnam or the Persian Gulf. The team provides differential diagnostic assessments, and on-going psychotherapy at various levels of intensity, depending upon patients' needs. There is a strong psychoeducational component as well, with a patient-led governmental structure to which the psychologists offer guidance. This outpatient PTSD program is most appropriate for a minor rotation.

Interns with a particular interest in PTSD may elect both an inpatient and outpatient rotation, which would provide extensive exposure and experience with this diagnostic group.

Newark Vet Center

The Newark Vet Center is a community Outreach Center which offers a wide range of counseling, referral, and advocacy services to Vietnam Era veterans as well as veterans of post-Vietnam conflicts (e.g., Grenada, Lebanon, Persian Gulf and Somalia). Post-Traumatic Stress Disorder is the most significant issue for those seeking Vet Center assistance. These individuals who are struggling with work and relational issues are provided with a range of psychotherapeutic modalities-- group, individual, and marital-- for their problems. In addition, a psychologist at the Newark Vet Center specializes in treatment of sexual trauma sustained by female veterans. The Newark Vet Center is available as a minor rotation.

SUBSTANCE ABUSE

Residential & Outpatient Treatment Units (East Orange)

The VANJ Health Care System offers a comprehensive and integrated series of substance abuse treatment and rehabilitation services. The programs offer a wide spectrum of care to veterans, including an inpatient medical management unit and extensive outpatient programming (East Orange), plus residential treatment/vocational rehabilitation services for homeless veterans (Domiciliary at Lyons). In addition, psychiatric and specialized medical care is offered concurrently as many patients manifest serious psychopathology (i.e., residual psychotic disorders or PTSD), as well as chronic physical disorders. Assignment

to the inpatient or outpatient units is guided by the American Society for Addiction Medicine (ASAM) criteria. The program has an integrative orientation, incorporating cognitive-behavioral, psychodynamic and family systems perspectives. In addition, 12-Step Programs such as AA & NA are regarded as a valuable adjunctive approach. The scope of programming allows veterans entering treatment to receive the level of intervention required for their mix of psychological and social needs.

Services are offered by an interdisciplinary treatment team composed of psychologists, a consulting psychiatrist, physician, nurses, social workers, and substance abuse counselors. Activities such as psychoeducation and group therapy are conducted seven days a week in the residential units. Outpatient services (including evening programming) are offered three to six days each week. Individual and marital therapy is an integral part of the programming as well. Lectures and time-limited therapy groups are offered on specific issues such as anger management, impact of parental substance abuse and trauma-induced disorders. Attendance at AA/NA meetings, educational and vocational counseling, and recreational therapy reintroduce patients, many of whom are chronically unemployed and estranged from friends and family, to positive, re-socialization activities in the community.

Psychology interns assigned to the Substance Abuse units conduct comprehensive clinical interviews, cognitive and personality assessments and participate in treatment planning. They provide individual and group therapy. In collaboration with a supervising psychologist, they develop leadership skills while functioning as a team leader in the treatment of their group of patients. In this manner, they learn to coordinate an interdisciplinary team of allied professionals. Beyond these traditional approaches to substance abuse treatment, the SATP incorporates advanced motivational enhancement and relapse prevention techniques. Treatment approaches are tailored to match the “stage of change” of the patient. Thus, interns learn ways of managing resistance and facilitating motivation for treatment that can be applied to a wide variety of psychological problems.

Mentally Ill Chemical Abuser (MICA) Program

The multiple physical, mental, and behavioral consequences associated with alcohol and drug abuse compound, and can be quite difficult to distinguish from preexisting psychopathology. The residential and outpatient SATP programs, plus the Day Treatment Center's dual-disorders MICA (Mentally Ill Chemical Abuser) program, provide interns an opportunity to assess and treat veterans who manifest concurrent serious psychopathology and substance abuse disorders. Emphasis is placed upon facilitating patients' understanding of their dual disorders, addressing psychosocial stressors and enhancing medication compliance, as well as replacing maladaptive and dysfunctional activities with behaviors that maintain sobriety and psychiatric stabilization. Further, as diagnostic clarification is a key factor in establishing appropriate treatment regimes, psychological testing is extremely valuable. Assessment of psychiatric patients with varying degrees of abstinence elucidates the impact of chronic substance abuse upon cognitive processes and personality dynamics. Thus, interns learn the unique and interactive features of these co-morbid disorders.

The Substance Abuse Treatment Program can be tailored to accommodate major or minor rotations.

HEALTH PSYCHOLOGY/ BEHAVIORAL MEDICINE

Medical Service (East Orange/Lyons)

The VA NJ Health Care System offers a wide variety of opportunities for psychological interventions with patients manifesting medical disorders. Outpatients at both campuses frequently present with gastrointestinal disorders, hypertension, chronic headaches, low back pain, diabetes, obesity, cardiac or respiratory problems. Primary care services are available at Lyons, with a broad range of specialized clinics and radiological services available at East Orange. In addition, the Medical Service at East Orange offers inpatient treatment units for cardiac and pulmonary diseases, cancer, HIV/AIDS, renal failure, chronic spinal cord dysfunction, and management of other acute disorders.

Medical psychologists function on a consultative basis to inpatient units and outpatient primary care teams. Common referrals include requests to evaluate and offer/implement treatment plans for patients who manifest emotional distress in response to acute or chronic illnesses; many of these disorders are progressive. Medical staff's concern about non-compliance with treatment regimes due to cognitive dysfunction or 'personality disorders' also stimulates requests for consultation. Psychologists conduct clinical interviews and utilize focused assessment instruments to address environmental factors and personality characteristics that may exacerbate patients' somatic disorders or interfere with adherence to medical treatment protocols. Opportunities exist for a variety of patient-teaching activities such as management of chronic disorders (i.e., diabetes, and hypertension), and illness prevention or health maintenance strategies (i.e., smoking cessation & stress management groups). Interaction with physicians, nurses and multidisciplinary health care staff fosters development of communication skills. Further, provision of services in a variety of inpatient units and outpatient primary care teams afford an understanding of each discipline's role in the coordination of services.

The Behavioral Medicine/Health Psychology rotation is available as a major or minor rotation.

NEUROPSYCHOLOGY

Neuropsychology Consultation (East Orange/Lyons)

The Neuropsychology consultation rotation is designed to produce a clinical psychologist who is able to perform a basic evaluation of cognitive systems and discuss the implications of impairment upon adaptive functioning. This entails identifying clinical syndromes or medical disorders that engender risk of cognitive dysfunction, and assessing major cognitive domains (i.e., memory systems, higher-order reasoning processes, & visuospatial

functions). Such skills supplement traditional cognitive and personality assessments, but do not constitute competence in neuropsychology. (Clinical Neuropsychology is regarded as a highly specialized area that requires a broad background in physiology and psychometric assessment.) Exposure is provided to patients with a variety of conditions (i.e., neurodegenerative disorders, vascular disease, and substance abuse). Training is offered in the administration and scoring of the more widely used neuropsychological instruments. There is ample opportunity for consultation and involvement in neurology service didactic instruction such as clinical case and radiology conferences. Neuropsychology Consultation is appropriate for a minor rotation, especially in conjunction with a geropsychology, health psychology, or substance abuse focus.

APPLICATION TO THE PROGRAM

Applications

Internship applicants must be American citizens and currently enrolled in an APA-approved Clinical or Counseling Doctoral program. Additionally, applicants must present evidence of a minimum of 1,000 hours of supervised practicum experience.

In order to apply, please submit the following materials:

1. The APPIC Uniform Internship Application form.
2. One copy of your vita.
3. Official copies of all graduate transcripts.
4. Three letters of recommendation.
5. Two psychological assessment reports. These work samples should be recent and examples of your best work.

Note: In your personal statement of goals and interests, please specify which rotations you are most interested in. These selections are not binding but help guide our interview and selection process.

Please forward all applications to:

Lawrence Weinberger, Ph.D.
Lawrence.Weinberger@med.va.gov
Psychology Service (116B)
VA New Jersey Health Care System
385 Tremont Avenue
East Orange, NJ 07018-1095
(973) 676-1000, x1352

The deadline for receipt of completed applications is December 1.

In the event of Dr. Weinberger's absence, questions may be addressed to:

Dr. Norman Mosley
NormanMosley@med.va.gov
Psychology Service (116B)
VA New Jersey Health Care System
151 Knollcroft Road
Lyons, NJ 07939-5000
(908) 647-0180, x6442

Interviews and Selection

Following a review of the completed applications, appropriate candidates for the program will be contacted and invited to one of the campuses for a formal interview on one of several dates. The visit to a campus will include an extensive orientation to the program by staff and current interns in a group format, supplemented by individual interviews.

We have six positions available each training year. We seek students who have had training in a systematic approach to assessment and therapy, and can articulate a coherent theoretical framework. A highly desirable candidate is one who is mature, flexible, appropriately assertive, amenable to supervision, reasonably well organized, and committed to becoming a professional psychologist. Finally, substantial progress towards completion of the dissertation is viewed favorably.

As a member of the Association of Psychology Internship Centers (APPIC,) we adhere strictly to the policies and procedures of the Association regarding internship selection, offers and acceptances. Details regarding APPIC policies and procedures can be accessed through their website: <http://www.appic.org/d08match-policies.html>.

Appointments

All appointments are for a one-year period beginning in early September. Interns are required to complete 2080 hours of service and training. This interval includes 10 Federal holidays and thirteen days for illness or vacation time. The Training Committee may also approve requests for leave time for professional activities such as attendance at conferences and professional presentations, and for activities associated with the development, data collection, and defense of doctoral dissertations. Also, in accordance with training needs or special interests, interns may be granted 300 hours for training to be conducted at a non-VA facility.

The VA internship stipend is currently \$18,500 per annum (subject to adjustment in the federal budget), paid on a bi-weekly basis. At this time, the Internal Revenue Service considers the stipend as taxable income. Interns are eligible to purchase health insurance; a choice of several plans is offered to employees. Interns are regarded as regular (temporary) VA employees and their year of service is credited towards any future government employment.